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CONFIRMATION NO. 5283

<b>SERIAL NUMBER</b> 10/674,666	<b>FILING OR 371(c) DATE</b> 09/29/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1648	<b>ATTORNEY DOCKET NO.</b> PHOE-0200
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## APPLICANTS

Mike Clark, Lexington, KY;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/427,497 11/18/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

02/27/2004

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> KY	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 51	<b>INDEPENDENT CLAIMS</b> 11
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <u>Chunle</u> Initials: <u>8/09/06</u>				

## ADDRESS

23377

## TITLE

Methods for inhibiting viral replication in vivo

<b>FILING FEE RECEIVED</b> 1276	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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